PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants	: William W. Craig et al.	Docket No. :	IL-11099
Serial No.	: 10/632,169	Art Unit :	
Filed	: July 30, 2003	Examiner :	
For	: Cellular Telephone-Based Radiation Sensor and Wide-area Detection Network		

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that the *attached* correspondence comprising:

1. Preliminary Amendment (32 pages)
2. New Figure 2 (1 page)
3. Return Postcard

is being deposited with the United States Postal Service as express class mail in an envelope addressed to:

> Box: NO FEE AMENDMENT
> Commissioner for Patents
> Alexandria, VA 22313-145

on _____8/18/04_____

Teresa Walls

_____
(Type or print name of person mailing paper)

_____
(Signature of person mailing paper)

SECOND PRELIMINARY AMENDMENT

Dear Sir:

Prior to the first Office Action, please amend the above-referenced

application as follows:

1

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

IL-11099

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	75	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	75 minus 20=	* 55
INDEPENDENT CLAIMS	4 minus 3 =	* 1
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=	495	OR	X$18=	
X42=	42	OR	X84=	
+140=		OR	+280=	
TOTAL	912	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 79	Minus	** 75	= 4
Independent	* 8	Minus	*** 4	= 4
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X$ 9=	36	OR	X$18=	
X42=	172	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	208	OR	TOTAL ADDIT. FEE	

8-18-04

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 123	Minus	** 79	= 44
Independent	* 10	Minus	*** 8	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X$ 9=	396.00	OR	X$18=	
X42=	86.00	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	482.00	OR	TOTAL ADDIT. FEE	

Paid

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.